Assignment - 1 - Patient Data Normalization

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INFO8880 -Database Application.

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# **First Normal Form**

|  |  |
| --- | --- |
| **PATIENT INFORMATION TABLE** | |
| Patient ID(PK) | INT |
| Patient First Name | VARCHAR (30) |
| Patient Last Name | VARCHAR (30) |
| Health Card | VARCHAR (10) |
| Patient DOB | DATE |
| Patient Gender | CHAR (1) |
| Patient Street | VARCHAR (50) |
| Patient City | VARCHAR (50) |
| Patient Province | VARCHAR (50) |
| Patient Postal Code | VARCHAR (50) |
| Patient Phone | INT |

|  |  |
| --- | --- |
| **APPOINTMENT INFORMATION TABLE** | |
| Appointment Number (PK) | INT |
| Appointment Date | DATETIME |
| Remainder Required | BIT |
| Reason for Visit | VARCHAR (30) |
| Visit Length | VARCHAR (20) |
| Medication Prescribed | VARCHAR (50) |
| Visit Notes | VARCHAR (80) |
| Bill Amount | VARCHAR (10) |
| Bill Date | DATETIME |
| Patient ID | INT |

# **Second Normal Form**

|  |  |
| --- | --- |
| **PATIENT INFORMATION TABLE** | |
| Patient ID(PK) | INT |
| Patient First Name | VARCHAR (30) |
| Patient Last Name | VARCHAR (30) |
| Health Card | VARCHAR (10) |
| Patient DOB | DATE |
| Patient Gender | CHAR (1) |
| Patient Street | VARCHAR (50) |
| Patient City | VARCHAR (50) |
| Patient Province | VARCHAR (50) |
| Patient Postal Code | VARCHAR (50) |
| Patient Phone | INT |

|  |  |
| --- | --- |
| **PATIENT APPOINTMENT INFORMATION TABLE** | |
| Appointment Number (PK) | INT |
| Appointment Date | DATETIME |
| Remainder Required | BIT |
| Patient ID | INT |

|  |  |
| --- | --- |
| **VISITOR INFORMATION TABLE** | |
| Visitor ID (PK) | INT |
| Reason for Visit | VARCHAR (30) |
| Visit Length | VARCHAR (20) |
| Medication Prescribed | VARCHAR (50) |
| Visit Notes | VARCHAR (80) |
| Bill Amount | VARCHAR (10) |
| Bill Date | DATETIME |
| Appointment Number | INT |

# **Third Normal Form**

|  |  |
| --- | --- |
| **PATIENT INFORMATION TABLE** | |
| Patient ID(PK) | INT |
| Patient First Name | VARCHAR (30) |
| Patient Last Name | VARCHAR (30) |
| Health Card | VARCHAR (10) |
| Patient DOB | DATE |
| Gender ID | INT |
| Patient Street | VARCHAR (50) |
| City ID | INT |
| Province ID | VARCHAR (50) |
| Postal Code ID | VARCHAR (50) |
| Patient Phone | INT |

|  |  |
| --- | --- |
| **GENDER** | |
| Gender ID (PK) | INT |
| Patient Gender | CHAR (1) |

|  |  |
| --- | --- |
| **CITY** | |
| City ID (PK) | INT |
| Patient City | VARCHAR (50) |

|  |  |
| --- | --- |
| **PROVINCE** | |
| Province ID (PK) | INT |
| Patient Province | VARCHAR (50) |

|  |  |
| --- | --- |
| **POSTAL CODE** | |
| Postal code ID (PK) | INT |
| Patient Postal Code | VARCHAR (50) |

|  |  |
| --- | --- |
| **REMAINDER** | |
| Remainder ID (PK) | INT |
| Remainder Required | BIT |

|  |  |
| --- | --- |
| **PATIENT APPOINTMENT INFORMATION TABLE** | |
| Appointment Number (PK) | INT |
| Appointment Date | Datetime |
| Remainder ID | INT |
| Patient ID | INT |

|  |  |
| --- | --- |
| **LENGTH** | |
| Length ID (PK) | INT |
| Visit Length | VARCHAR (20) |

|  |  |
| --- | --- |
| **VISITOR INFORMATION TABLE** | |
| Visitor ID (PK) | INT |
| Reason for Visit | VARCHAR (30) |
| Length ID | INT |
| Medication Prescribed | VARCHAR (50) |
| Visit Notes | VARCHAR (80) |
| Amount ID | INT |
| Date ID | INT |
| Appointment Number | INT |

|  |  |
| --- | --- |
| **AMOUNT** | |
| Amount ID (PK) | INT |
| Bill Amount | VARCHAR (10) |

|  |  |
| --- | --- |
| **DATE** | |
| Date ID (PK) | INT |
| Bill Date | DATETIME |